



City of Angels
Planning Department
571 Stanislaus St. #5C
Angels Camp, CA 95222
(209) 736-1346(phone) ♦ (209) 736-9048(fax)

LAND DEVELOPMENT APPLICATION

PROJECT SITE ADDRESS: _____

PROJECT NAME: _____

Assessor's Parcel Number(s): _____

Size of Parcel(s): _____ **Map of Record:** _____

Deed Reference: Volume: _____ **Page:** _____ **Date Recorded:** _____

OWNER'S NAME: _____

Phone: () _____ **Fax:** () _____ **E-Mail:** _____

Mailing Address: _____

APPLICANT NAME: _____
(If other than owner)

Phone: () _____ **Fax:** () _____ **E-Mail:** _____

Mailing Address: _____

Existing Use(s) on Site: _____

PROPOSED PROJECT DESCRIPTION: _____
(Attach additional sheets if necessary)

(OVER)

I hereby certify that I own the subject property and I am aware of and do agree to pay fees as specified in the City of Angels Application Fees schedule. Furthermore, I agree to comply with all applicable provisions of the City of Angels Municipal Code and all other applicable regulations and am familiar with the requirements that apply to this application. I understand that incomplete applications or those not in compliance with the Municipal Code will not be scheduled for review and will be returned to the Applicant.

Signature of Owner

Date

Signature of Applicant/Agent
(If other than owner)

Date

For Office Use Only:

Date Received: _____ By: _____

Fee Paid: _____ Check No.: _____

To be completed by planner:

Application Number(s): _____

Zoning: _____

General Plan: _____

Previous Approvals/Projects: _____
